

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, VA 23233
 (804) 367-8509
www.dpor.virginia.gov



**Board for Opticians
 CONTACT LENS ENDORSEMENT APPLICATION**

- ➔ If you have passed the National Contact Lens Registry Examination, attach a copy of your current certification. Otherwise, you must apply for both the written and practical examinations AND submit a \$300.00 fee.

Examination sites are located in Richmond and Wytheville, Virginia. Candidates will be scheduled at the site closest to their geographic location. If the Wytheville site is full, candidates will be scheduled at the Richmond site. **Candidates will be notified of the date, time and location one month prior to the examination date.** Please visit the Department's web site at www.dpor.virginia.gov for examination dates.

An applicant must pass the written and practical examination within two years of the initial test. After two years, applicants must submit a new application and pay the required fee.

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the method you are using to apply for your contact lens endorsement. Select only **one**.

Method of Licensure	Trans	Fee	X
Initial Application/Written & Practical Examination	1015	\$ 300.00	<input type="checkbox"/>
By Reciprocity - Application/Written & Practical Examination Optician licensed in another state who has not passed a written exam and a practical exam	1017	\$ 300.00	<input type="checkbox"/>
By Reciprocity - Application/Practical Examination Optician licensed in another state who has passed only a written exam	1017	\$ 125.00	<input type="checkbox"/>
By Reciprocity - Application Only Optician licensed in another state who has passed both a written exam and a practical exam	1017	\$ 100.00	<input type="checkbox"/>
Written Re-examination	1016	\$ 175.00	<input type="checkbox"/>
Practical Re-examination	1016	\$ 25.00	<input type="checkbox"/>

1. Virginia Optician License Number 1101 Expiration Date _____

2. Name
 Last _____ First _____ Middle _____ Generation _____

3. Social Security Number or Virginia DMV Control Number * - -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth _____

5. Maiden Name or Former Surname(s) _____

6. Street Address (PO Box not accepted) _____

City State Zip Code

7. Mailing Address (PO Box accepted) _____

City State Zip Code

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
						1101	

9. Contact Numbers		
Primary Telephone	Alternate Telephone	Facsimile

No ☐

State/ Jurisdiction	What type of examination did you pass?				License, Certification or Registration No.	Expiration Date
	Written	<input type="checkbox"/>	Practical	<input type="checkbox"/>		
	Written	<input type="checkbox"/>	Practical	<input type="checkbox"/>		
	Written	<input type="checkbox"/>	Practical	<input type="checkbox"/>		

No ☐

12. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that my Virginia Optician License is in good standing. I certify that I understand and have complied with all the laws of Virginia related to optician licensure under the provisions of Title 54.1, Chapter 17, of the *Code of Virginia*, and the *Virginia Board for Opticians Regulations*.

Signature _____ Date _____